# DETAILED REVIEWER

## Introduction to Psychotherapy, Psychodynamic Therapy, and Person-Centered Therapy

**What this reviewer includes:**

- Major ideas and definitions
- Important terms and key people
- What each theorist pioneered
- Simple examples for recall
- Comparison tables for faster studying

*Based on the uploaded class slides and the Corey textbook chapter sections on psychotherapy and person-centered therapy.*

# I. Introduction to Psychotherapy

Psychotherapy is a professional helping process in which a trained mental health professional works with a client through structured conversations to improve emotional well-being, thinking patterns, behavior, coping, and relationships. In simple terms, it is "talk therapy," but it is more than ordinary conversation because it is intentional, theory-based, ethical, and goal-directed.

- **Psychotherapy:** A structured, professional relationship between therapist and client.
- **Main purpose:** Used to reduce distress, improve coping, increase self-awareness, and promote healthier behavior.
- **Why it matters:** It can help with mental illness, daily stress, life transitions, grief, trauma, and relationship concerns.

## Core goals of psychotherapy

- Reduce psychological distress such as anxiety, sadness, fear, guilt, or confusion.
- Improve coping skills so clients can respond better to stress and problems.
- Increase self-awareness about thoughts, feelings, motives, and relationship patterns.
- Change maladaptive thoughts and behaviors.
- Improve relationships and quality of life.
- Promote personal growth, not only symptom reduction.

## Who provides psychotherapy?

### Quick table: mental health professionals

| Professional | Usual role in psychotherapy |
|---|---|
| **Psychologist (PhD/PsyD)** | Provides assessment and psychotherapy; often trained in multiple therapy approaches. |
| **Psychiatrist (MD/DO)** | Medical doctor who can diagnose and prescribe medication; may also provide psychotherapy. |
| **Licensed counselor** | Provides counseling and psychotherapy for emotional, behavioral, and life problems. |
| **Clinical social worker** | Provides therapy and often considers family, community, and social context. |
| **Marriage and family therapist** | Works on couple and family dynamics, communication, and relationship patterns. |

## Brief history of psychotherapy

### Major historical milestones

| Period / Person | What they pioneered | Main focus |
|---|---|---|
| **Sigmund Freud (late 1800s)** | Psychoanalysis | Unconscious conflict, childhood experience, dream analysis, free association |
| **Behaviorists (early 1900s)** | Behavior therapy traditions | Observable behavior, conditioning, reinforcement |
| **Humanistic movement (1950s)** | Growth-oriented therapy | Self-awareness, free will, empathy, self-acceptance |
| **Cognitive therapists (1960s onward)** | Cognitive therapy / CBT traditions | Beliefs, thoughts, and how thinking affects emotion and action |
| **Integrative and evidence-based approaches** | Flexible combination of methods | Uses research, clinical skill, and client needs together |

## Major types of psychotherapy in simple terms

| Approach | Main question | Examples of techniques |
|---|---|---|
| **Psychodynamic** | What unconscious conflicts and past experiences are shaping the present? | Free association, dream analysis, interpretation |
| **Behavioral** | What behaviors were learned, and how can they be changed? | Exposure, reinforcement, modeling |
| **Cognitive / CBT** | What thinking patterns are causing distress? | Cognitive restructuring, thought records |
| **Humanistic** | How can the client grow, accept self, and live more authentically? | Empathic listening, reflection, non-directive dialogue |
| **Integrative** | What combination of methods best fits this client? | Blended techniques based on client needs and evidence |

## Who can benefit from psychotherapy?

- People with anxiety disorders, depression, trauma, PTSD, and stress-related concerns.
- People struggling with relationship problems, communication, grief, or life transitions.
- People with serious mental illness, often together with medication and other services.
- People who do not have a disorder but want personal growth, clarity, and better self-understanding.

### Simple example: future worries activity

One class activity asks a person to divide worries into four time periods: tomorrow, next week, next month, and next year. The person then marks what is within control and lists actions to reduce stress. This illustrates one basic idea in psychotherapy: distress becomes more manageable when vague fear is turned into organized reflection and action.

## II. Psychodynamic Therapy

Psychodynamic therapy, rooted in the psychoanalytic tradition, is a talking therapy that explores how present emotions, behaviors, and relationships are influenced by unconscious processes, unresolved conflicts, and early life experiences. The goal is not just to remove symptoms but to bring hidden patterns into awareness so the person can understand and change them.

### Key people and what they pioneered

| Name | What they pioneered / contributed |
|---|---|
| **Sigmund Freud** | Founded psychoanalysis; emphasized the unconscious, repression, conflict, dreams, and the lasting effect of childhood. |
| **Carl Jung** | Expanded analytic thought and emphasized personality development and symbolic meaning. |
| **Contemporary psychodynamic thinkers** | Developed object-relations theory, self psychology, and relational psychoanalysis, giving more attention to relationships and the therapeutic bond. |

### Central assumptions of psychodynamic therapy

- Much of human behavior is influenced by the unconscious mind.
- Early childhood experiences shape personality and later relationships.
- Psychological symptoms often express unresolved inner conflict.
- Insight can lead to emotional and behavioral change.

### Levels of awareness

| Level | Meaning | Example |
|---|---|---|
| **Conscious** | Thoughts and feelings you are aware of right now. | “I feel nervous before the exam.” |
| **Preconscious** | Material not in awareness at the moment but can be recalled with effort. | Recalling your phone number or a recent conversation when asked. |
| **Unconscious** | Repressed thoughts, feelings, | Feeling fear around someone |

| Level | Meaning | Example |
|---|---|---|
| | motives, and memories outside awareness that still influence behavior. | without fully knowing why. |

### Important terms to memorize

- **Unconscious:** the hidden mental layer that influences behavior outside awareness.
- **Repression:** unconscious blocking of painful thoughts or memories.
- **Resistance:** the client's avoidance of threatening material during therapy.
- **Transference:** projecting feelings from past relationships onto the therapist.
- **Countertransference:** the therapist's emotional reactions to the client, which may be shaped by the therapist's own history.
- **Insight:** deeper understanding of one's motives, conflicts, and patterns.

### Defense mechanisms

Defense mechanisms are psychological strategies used to reduce anxiety and protect the self from painful thoughts or feelings. They may help temporarily, but they can also distort reality and block growth when overused.

#### Common defense mechanisms with examples

| Defense mechanism | Meaning | Example |
|---|---|---|
| **Repression** | Unconsciously blocking painful material from awareness. | A person cannot remember a traumatic childhood event. |
| **Denial** | Refusing to accept reality. | Someone refuses to believe a serious diagnosis. |
| **Projection** | Attributing one's own unacceptable feelings to others. | A jealous person accuses a partner of cheating. |
| **Displacement** | Redirecting emotion to a safer target. | After being scolded by a boss, a person shouts at a sibling. |
| **Rationalization** | Creating excuses to justify behavior. | "I failed because the teacher is unfair." |
| **Regression** | Returning to childlike behavior under stress. | An adult throws a tantrum when frustrated. |
| **Sublimation** | Channeling unacceptable impulses into acceptable activity. | Aggressive energy is expressed through sports. |
| **Reaction formation** | Acting opposite to one's true feeling. | Being overly kind to someone you actually resent. |

| Defense mechanism | Meaning | Example |
|---|---|---|
| **Intellectualization** | Focusing only on logic to avoid emotion. | Discussing a breakup in cold, technical language. |
| **Suppression** | Consciously deciding to set aside a distressing thought. | Choosing not to think about a problem during an exam. |

### Levels of defense mechanisms by maturity

| Level | Examples | General meaning |
|---|---|---|
| **Mature** | Sublimation, suppression, humor, altruism | Usually more adaptive and reality-based. |
| **Neurotic** | Rationalization, reaction formation, displacement, intellectualization | Reduce anxiety but may distort emotion or self-understanding. |
| **Immature** | Denial, projection, regression, acting out | Often less adaptive and more likely to disrupt relationships. |

## Transference and countertransference

In psychodynamic work, the therapy relationship itself becomes a source of information. How the client responds to the therapist may repeat earlier relationship patterns.

| Concept | Meaning | Example |
|---|---|---|
| **Transference** | Client projects feelings, expectations, or attitudes from past relationships onto the therapist. | A client reacts to the therapist as if the therapist were a critical father. |
| **Countertransference** | Therapist's emotional reactions to the client, which must be recognized and managed ethically. | A therapist feels overly protective toward a client who resembles someone from the therapist's past. |

- Positive transference includes trust, admiration, and affection.
- Negative transference includes anger, fear, and distrust.
- These reactions are important because they reveal unresolved patterns, not just "attitude problems."

## Main techniques in psychodynamic therapy

- Free association – client says whatever comes to mind so hidden themes can emerge.
- Dream analysis – therapist explores symbolic meaning and hidden wishes or conflicts.

- Interpretation – therapist links present behavior to unconscious processes or past experience.
- Exploration of resistance – therapist notices avoidance, silence, forgetting, or defensiveness.
- Exploration of transference – therapist examines how past relational patterns appear in therapy.

### Goals, strengths, and limitations

| Area | Key points |
|---|---|
| **Goals** | Increase self-awareness, resolve unconscious conflict, improve emotional functioning, and build healthier relationships. |
| **Strengths** | Offers deep understanding of personality, emotion, and repeated patterns. |
| **Limitations** | Can be time-consuming, insight-heavy, and requires skillful training. |
| **Applications** | Useful for depression, anxiety, personality issues, and interpersonal problems. |

#### Quick recall example

A student becomes intensely anxious whenever a professor gives feedback. On the surface, the professor is simply commenting on work. A psychodynamic therapist would ask whether the student is reacting only to the present situation or also to earlier experiences with criticism, shame, or fear. The present reaction may be stronger because the past is being relived in the present.

## III. Person-Centered Therapy

Person-centered therapy is a humanistic, non-directive, and growth-oriented approach developed by Carl Rogers. It shifts attention away from diagnosis and therapist control and toward the client's lived experience, inner capacity for growth, and ability to move toward healing under the right relational conditions.

### Key people and what they pioneered

| Name | What they pioneered / contributed |
|---|---|
| **Carl Rogers** | Developed person-centered therapy; emphasized non-directive counseling, the client as the main agent of change, and the three core therapeutic conditions. |
| **Abraham Maslow** | Helped develop humanistic psychology; emphasized hierarchy of needs and self-actualization. |
| **Natalie Rogers** | Extended person-centered ideas into expressive arts and healing-oriented applications. |

## Why Carl Rogers is important

- Often called the father of psychotherapy research.
- He studied real therapy sessions systematically and helped ground psychotherapy in research.
- He de-emphasized pathology and focused on strengths, growth, and the healing power of the therapeutic relationship.
- He later applied the person-centered approach to conflict resolution, interracial tensions, and peace work.

## Development of the approach

| Phase | Period | Main development |
|---|---|---|
| **Nondirective counseling** | 1940s | A major alternative to directive and interpretive therapy; therapist does not control the client's direction. |
| **Client-centered therapy** | 1950s | Rogers emphasized the client rather than the method and published Client-Centered Therapy. |
| **Necessary and sufficient conditions** | Late 1950s–1970s | Rogers clarified the relational conditions required for therapeutic change. |
| **Person-centered approach** | 1980s–1990s | The approach expanded into education, groups, families, conflict resolution, politics, and world peace. |

## Core philosophy of the approach

- **Actualizing tendency:** the built-in human tendency toward growth, fulfillment, autonomy, and constructive development.
- **Self-actualization:** realizing one's potentials more fully; for Maslow, this is an ongoing process, not a final finish line.
- **Non-directive stance:** the therapist does not impose solutions but helps the client discover inner meanings.
- **Here-and-now presence:** attention is given to the client's immediate experience in the session.

### The three core therapeutic conditions

| Condition | Meaning | Why it matters |
|---|---|---|
| **Congruence / genuineness** | The therapist is real, authentic, and not hiding behind a professional mask. | Helps the relationship feel trustworthy and honest. |
| **Unconditional positive regard** | The therapist accepts and values the client without "I will accept you only if…" conditions. | Reduces defensiveness and shame. |
| **Accurate empathic understanding** | The therapist deeply understands the client's subjective world and communicates that understanding. | Helps the client feel heard, clarify experience, and move toward change. |

### Important terms to memorize

- **Self-concept:** how a person sees the self, including self-image, self-worth, and ideal self.
- **Congruence:** alignment between inner experience and outer expression; also alignment between real self and experience.
- **Incongruity:** mismatch between self-concept and actual experience, often causing distress.
- **Empathy:** deep understanding of the client's feelings and meanings without becoming lost in them.
- **Internal source of evaluation:** the person learns to rely less on external approval and more on inner values and experience.
- **Fully functioning person:** Rogers's image of a person who is open to experience, trusting of self, and continuing to grow.

### Therapeutic goals

- Help the client achieve greater independence and integration.
- Focus on the whole person, not only the presenting problem.
- Create a growth-promoting climate for self-actualization.
- Help clients become more open to experience, trust themselves more, develop an internal source of evaluation, and continue growing.
- Help clients move away from facades and toward more authentic ways of being.

### Therapist's role

- Be present, accessible, accepting, and emotionally attuned.
- Meet the client on a moment-to-moment experiential basis.
- Enter the client's world rather than stand above it as an expert judge.

- Act as a catalyst for change by embodying genuineness, acceptance, and empathy.

### Maslow's contribution to humanistic psychology

Abraham Maslow was a pioneer of humanistic psychology. He emphasized the healthy and creative side of human nature and argued that self-actualization becomes possible when more basic needs are sufficiently met.

| Need level | Basic idea |
|---|---|
| **Physiological needs** | Food, water, rest, and survival needs. |
| **Safety needs** | Security, stability, and protection. |
| **Belonging and love** | Connection, affection, acceptance, and relationships. |
| **Esteem needs** | Self-respect, competence, recognition, and confidence. |
| **Self-actualization** | Developing one's fullest potentials and living authentically. |

Maslow described self-actualizing people as marked by self-awareness, freedom, honesty, caring, trust, autonomy, creativity, and acceptance of self and others.

### Existentialism and humanism: commonalities and differences

| Aspect | Existential view | Humanistic / person-centered view |
|---|---|---|
| **Shared ground** | Values freedom, choice, meaning, and responsibility. | Also values freedom, choice, meaning, and responsibility. |
| **Tone** | More focused on anxiety, death, isolation, and the burden of creating meaning. | More optimistic about natural potential, growth, and actualization. |
| **View of change** | Clients must confront reality and choose their path. | Clients grow when the right relational climate is provided. |

### Simple example of person-centered responding

Client: "I have a good job and a stable life, but I feel empty and I do not know why I am not happy."

Person-centered response: "It sounds like you are carrying a deep emptiness even though things look successful on the outside, and that feels confusing and exhausting."

This response shows empathy and presence. The therapist does not rush to diagnose, interpret childhood, or give advice. Instead, the therapist helps the client stay with the lived experience and understand it more deeply.

### Strengths and limitations of person-centered therapy

| Strengths | Limitations |
|---|---|
| **Builds a strong therapeutic relationship; respectful, humane, and empowering; useful across many settings and cultures; valuable in crisis work.** | Can seem less structured; may feel too indirect for clients who want immediate guidance; depends heavily on therapist maturity and presence. |

### Application to crisis intervention

Person-centered therapy is especially useful in crises such as illness, loss, disaster, or unwanted pregnancy. In those moments, being heard and deeply understood can help calm the person, restore a sense of grounding, and prepare them to make clearer decisions. In this view, empathic understanding should come before problem-solving.

## IV. High-Yield Comparison Tables

### Psychodynamic vs. Person-Centered Therapy

| Area | Psychodynamic | Person-Centered |
|---|---|---|
| **View of problems** | Problems often reflect unconscious conflict and unresolved past experiences. | Problems often reflect incongruity, blocked growth, and loss of contact with self. |
| **Focus of therapy** | Insight into hidden motives, defenses, and relational patterns. | Growth through a healing relationship and self-exploration. |
| **Role of therapist** | Interpretive, observant, and insight-oriented. | Non-directive, empathic, congruent, and accepting. |
| **Main tools** | Free association, dream analysis, interpretation of resistance and transference. | Empathy, unconditional positive regard, congruence, reflective listening. |
| **Time orientation** | Strong attention to childhood and the past. | Strong attention to present experience and the here-and-now relationship. |

### Three approaches at a glance

| Approach | Focus | Therapist style | Best remembered as |
|---|---|---|---|
| **Psychodynamic** | Unconscious conflict and past experience | Interpretive and exploratory | “Understand the hidden roots.” |
| **Person-Centered** | Growth, self-awareness, and | Empathic, genuine, accepting | “Healing through the right relationship.” |

| Approach | Focus | Therapist style | Best remembered as |
|---|---|---|---|
| | therapeutic relationship | | |
| **Integrative / evidence-based** | Best fit between method, evidence, and client needs | Flexible and responsive | "Use what works for this person." |

## V. Names and What They Pioneered

| Person | Pioneered / known for |
|---|---|
| **Sigmund Freud** | Psychoanalysis; unconscious conflict, repression, dream analysis, free association. |
| **Carl Jung** | Analytic expansion of psychodynamic thought and personality development themes. |
| **Carl Rogers** | Person-centered therapy, non-directive therapy, core conditions, psychotherapy research. |
| **Abraham Maslow** | Humanistic psychology, hierarchy of needs, self-actualization. |

## VI. Fast Memorization Sheet

- Psychotherapy = structured, professional talk-based treatment aimed at better mental health and functioning.
- Psychodynamic therapy = present problems are shaped by unconscious conflict and past experience.
- Defense mechanisms protect the self from anxiety but may distort reality.
- Transference = old feelings toward important figures are replayed with the therapist.
- Person-centered therapy = growth happens when the client is met with empathy, congruence, and unconditional positive regard.
- Maslow emphasized self-actualization, but basic needs usually need to be sufficiently met first.
- Rogers viewed clients as active agents of change, not passive patients waiting for expert correction.

## VII. Possible Essay / Oral Recitation Answers

1. Why is psychotherapy more than ordinary advice-giving?

Because psychotherapy is a structured, ethical, and theory-based professional relationship. It aims not only to comfort but also to understand patterns, promote change, and improve mental health and functioning.

2. What makes psychodynamic therapy different from person-centered therapy?

Psychodynamic therapy looks for unconscious causes and unresolved past conflicts behind present problems. Person-centered therapy focuses less on interpretation and more on creating a relationship of empathy, acceptance, and genuineness so the client can grow.

3. Why are Rogers's three core conditions important?

They create a growth-promoting climate. When clients feel deeply understood, accepted, and met by a genuine therapist, they become less defensive and more able to explore themselves honestly.